

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	2
-------	---

of 2

Complete if Known

Application Number	09/935,338
--------------------	------------

Filing Date	August 23, 2001
-------------	-----------------

First Named Inventor	Hiroyuki MUKAI
----------------------	----------------

Group Art Unit	1637
----------------	------

Examiner Name	Jeffrey SIEW
---------------	--------------

Attorney Docket Number	MUKAI=1
------------------------	---------

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

[illegible]

**Examiner
Signature**

Date
Considered

* **EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

